

COMPLETION: Voluntary. (Consideration for
funding will not be possible if form is not filed.)

2008-2009

Cultural Access Grant

APPLICATION

TYPE OR PRINT:

APPLICANT	Legal Name of District	District Code
	Address of District	
	City and Zip Code	Name of County
	Name of Contact Person	Title Telephone (Area Code)
CONTACT PERSON	Address	City Zip Code
	E-Mail Address	Fax (Area Code)

GRANT FUNDS REQUESTED: \$ _____ See page 2 of the grant information document
for appropriate amounts as determined by district size.

ASSURANCES AND CERTIFICATION: By signing this assurances and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on page 2, and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

Date _____

SUPERINTENDENT OR AUTHORIZED OFFICIAL

Signature_____
Typed Name and Title

MAILING INSTRUCTIONS: Return this form to the Michigan Department of Education at the address shown above to the attention of Dwight Sinila. The application with original signatures and two copies must be received or postmarked **no later than October 3, 2008.**

NOTE: Applications may not be hand delivered. Late applications will NOT be considered.

CULTURAL ACCESS GRANT ASSURANCES AND CERTIFICATIONS

INSTRUCTIONS: Please review the assurances and certification statements that are listed below. Sign and return this page with the completed application.

CERTIFICATION REGARDING NONDISCRIMINATION UNDER FEDERALLY AND STATE ASSISTED PROGRAMS

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

CERTIFICATION REGARDING TITLE II OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, STATE AND LOCAL GOVERNMENT SERVICES

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities, and services of public entities. Title II requires that, "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

CERTIFICATION REGARDING TITLE III OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, PUBLIC ACCOMMODATIONS AND COMMERCIAL FACILITIES

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title III of the ADA for the program or service for which they receive a grant.

SPECIFIC PROGRAM ASSURANCES

The following provisions are understood by the recipient of any grant awarded:

1. Grant funds will be used to pay transportation and entrance fees for students in grades K through 8, teachers, and chaperones to travel to and participate in extended field learning visits to Michigan cultural institutions.
2. A class may participate in one activity funded by this grant, in any one school year.
3. The intent of the Cultural Access Grant is to differentiate teaching and learning by supporting field learning experiences at cultural institutions that address Michigan Content Standards, Benchmarks, or Grade Level Content Expectations and:
 - provide students active learning experiences outside the classroom,
 - be assessed and integrated into classroom activities, and
 - ensure all students have the opportunity to participate in field learning experiences.
4. The grantee assures that it will consult the web resources listed on page 5 of the information document which provides additional recommendations and resources for ensuring the learning value of an extended field learning visit.
5. A final project report will be filed with the Michigan Department of Education upon completion of the grant funded activities.

**CULTURAL ACCESS GRANT
PROJECT INFORMATION**
Duplicate and Complete Pages 3 and 4 for Each Trip

District _____

School _____

Site of the extended cultural learning experience: _____

Exhibit/gallery/demonstration: _____

Please provide the cultural institution's URL: _____

Check One: ☐ Fine/Performing Arts ☐ Scientific ☐ Historical ☐ Cultural
☐ Other

Number of students participating _____

Number of teachers participating _____

Number of adult chaperones* _____

Grade level of students _____

Approximate date of trip _____

Transportation: ☐ District Transportation ☐ Commercial Transportation

Budget:

Cost for Transportation \$ _____

Cost for Admission Fees \$ _____

Other Required Costs \$ _____

Please attach an explanation of Other Required Costs

Total Trip Cost \$ _____

* Grant will fund adult chaperones at a ratio of no more than one adult to four general education students. This ratio may be adjusted for special needs students as necessary.

**CULTURAL ACCESS GRANT
PROJECT NARRATIVE**

District _____

School _____

In the box below, list the Michigan Content Standards, Benchmarks, or Grade Level Content Expectations that will be addressed in this activity.

In the box below describe how the grant-funded experience(s) will provide students active learning (classroom extension) activities outside the classroom.

One additional page may be used if necessary

**CULTURAL ACCESS GRANT
DISTRICT SUMMARY PAGE**

District or ISD Name _____

Total number of trips requested _____

Total number of students involved _____

Total number of teachers involved _____

Total number of adult chaperones _____

Grades participating _____

Total Amount of Grant Funds Requested* _____

*The maximum amount of funding is based on district size. See page 2 of the information document for grant amounts.

I certify our district or ISD is eligible to participate as noted on Michigan Department of Education's (MDE) <http://www.michigan.gov/mde-grants> under the "What's New" section

Cultural Access Grant eligibility list. ☐ Yes ☐ No

District contact person responsible for the management of grant funds:

Name

Title

Phone

E-mail address

CULTURAL ACCESS GRANT BUDGET FORM

INSTRUCTIONS: The Budget Summary and the Budget Detail must be prepared by or with the cooperation of the Business Office using the School District Accounting Manual (Bulletin 1022).

1. BUDGET SUMMARY

LEGAL NAME OF APPLICANT					
DISTRICT CODE	GRANT NUMBER: 99P	PROJECT NUMBER: 2008-2009	PROJECT TYPE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> CARRYOVER	ENDING DATE 06 30 09	FY of Approved Activity 2008-2009

BUDGET: OBJECTS:

FUNCTION CODE	FUNCTION TITLE	SALARIES	BENEFITS	PURCHASED SERVICES	SUPPLIES & MATERIALS	CAPITAL OUTLAY	OTHER EXPENDITURES	TOTAL EXPENDITURES
110	Instruction -- Basic Programs							
120	Instruction -- Added Needs							
130	Instruction -- Adult/Continuing Ed.							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
253	Facility Acquisition & Construction Services							
	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
	SUBTOTAL							
	Indirect Costs _____ % Restricted Rate							
	TOTAL							

TRANSACTION PURPOSE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment*	*AMOUNT OF CHANGE (Use minus sign preceding decreases) \$ _____
--	--

DATE	PROJECT CONTACT PERSON	SIGNATURE
DATE	BUSINESS OFFICE CONTACT PERSON	SIGNATURE